Binfield Surgery

Inspection report

Terrace Road North
Binfield
Bracknell
Berkshire
RG42 5JG
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www.binfieldsurgery.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires Improvement overall. (Previous comprehensive inspection October 2014 – Requires Improvement, previous focused inspection July 2015 – Good).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Binfield Surgery on 10 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems in place to review and manage risk so that safety incidents were less likely to happen, with the exception of some dispensary processes and some areas of medicines management. When incidents were identified, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided, although they had not considered the needs of some of their population groups. The provider told us they provided care and treatment according to evidence-based guidelines, but we found this was not always the case.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The majority of patients found appointments accessible and were able to arrange care when they needed it.
- The practice had a governance structure and processes in place and all staff were aware of their roles and responsibilities. However, some processes were inconsistently applied such as staff training.

The areas where the provider **must** make improvements are:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the arrangements for storing emergency medicines to enable ease of access in an emergency.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Good
People with long-term conditions	Requires improvement
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Requires improvement

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an inspector from the CQC medicines optimisation team.

Background to Binfield Surgery

Binfield Surgery is located in a purpose built premises in the semi-rural village of Binfield in Berkshire and provides GP services to over 11,000 patients. The practice is part of Berkshire East Clinical Commissioning Group (CCG).

Binfield Surgery provides regulated activities from:

Terrace Road North, Binfield, Berkshire, RG42 5JG.

Patients can access information and online services from the practice website: www.binfieldsurgery.co.uk

The practice population is predominantly white British with 8% of the patients from black and other minority ethnic groups. The practice is located within an area of high affluence and low deprivation with low levels of unemployment.

There are three practice partners (all male) and two salaried GPs (both female) as well as some regular locum GPs. The GPs provide 34 sessions per week between them and have a whole time equivalent of 4.5 full time GPs. The nursing team consists of three practice nurses and one healthcare assistant.

Binfield Surgery provides dispensary services to approximately 384 patients who are unable to access a pharmacy within 1 mile of their home. The dispensary is staffed by two dispensers (one full time and one part time), who are currently undertaking their training. Opening hours of the dispensary were between 8am to 3pm Monday to Friday. GPs could access the dispensary out of these hours to arrange for medications to be dispensed when necessary.

The practice has a General Medical Services (GMS) contract. (GMS contracts are between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

This practice does not provide Out of Hours (OOH) services. Patients can access an OOH GP by contacting the NHS 111 service. Patients can also access an extended hours service provided by the federation of Bracknell and Ascot GPs each weekday evening from 6.30pm to 8.30pm and Saturdays from 9am to 1pm.

Requires improvement

Are services safe?

We rated the practice as Requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control, although not all actions had been completed in a timely manner.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety, although not all risks had been identified.

- The practice did not have a Control of Substances Hazardous to Health (COSHH) file for staff or cleaners to refer to. (COSHH - legislation from 2002 to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way).
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems in place for handling, storing and managing medicines. However, there were some areas that did not reflect best practice and required a review.

- The systems for managing and storing medicines, including vaccines and medical gases, minimised risks.
- Emergency medicines were available in a central location of the practice and all staff knew where to locate them. However, the emergency medicines and equipment were held in a number of storage containers which could result in not all items required for an emergency being collected. The practice reviewed the storage arrangements after the inspection.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, on the day of the inspection we observed three Patient Group Directions (PGDs) that had expired between 28 February 2018 and 31 March 2018. The practice nurse made arrangements to update these during the inspection.

Requires improvement

Are services safe?

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were inconsistencies in how patients' health was monitored in relation to the use of medicines. Not all patients were followed up on appropriately. In particular, patients on four or more repeat medicines and patients with thyroid function disease. The practice showed us an action plan after the inspection detailing arrangements to improve patient medication reviews.
- Arrangements for dispensing medicines at the practice did not always keep patients safe, and there were some areas that required a review. For example, there was no 'near miss' log to identify risks and further learning.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

We rated the practice Requires improvement for providing effective services overall. We also rated the population groups 'people with long term conditions' and 'people experiencing poor mental health (including people with dementia)' as Requires improvement. The remaining population groups were rated as Good.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice).

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had a blood pressure measurement machine in the main reception area. This encouraged patients to record their own blood pressure and give a copy of the reading to the reception team to add to their clinical notes.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were not routinely invited for a health check. We were told older patients over 75 would be opportunistically screened when they attended for a long term condition review.
- Social prescribing had been undertaken until recently when funding was reduced. Staff were able to refer to other services such as voluntary services, where necessary. The practice was waiting to hear from the Clinical Commissioning Group regarding a new local commissioned service for anticipatory care which would offer the additional funding required to recommence social prescribing.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

The practice was rated requires improvement in this key question for care of People with long-term conditions:

- Patients with long-term conditions did not all have a structured annual review to check their health and medicines needs were being met. We saw evidence of opportunistic reviews and some processes for recall. However, long term medication reviews for patients on more than four medicines and reviews for patients on medication for thyroid disease required improving.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- We noted the practice had slightly below QOF achievement for patients with hypertension (high blood pressure). The practice had audited the number of patients on the hypertension register in 2017 which demonstrated they had low reporting of this patient

group. Between April 2017 and March 2018, the practice had increased identified hypertension patients from 892 to 1099. The work was ongoing throughout the 2017/18 period and was discussed regularly at clinical meetings.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. A midwife from the local hospital attended regular sessions at the practice and referred women for a long term condition and medication review with the practice. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 77%, which was comparable with local (76%) and national (72%) averages but below the 80% coverage target for the national screening programme. The practice nurses actively undertook recalls for this group of patients and there was very low exception reporting (3%) compared to local (4%) and national (7%) averages.
- The practices' uptake for breast and bowel cancer screening was better than the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice did not offer annual health checks to patients with a learning disability, but had an arrangement with the local federation to undertake these as part of the extended hours service offered to all local practices. All patients on the learning disability register had been contacted and asked if this arrangement was appropriate for their needs. All of them had agreed and had received their health check in the preceding year.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice was rated requires improvement in this key question for care of People experiencing poor mental health (including people with dementia):

- There was no system for following up patients with depression or who failed to request long term medications. The practice had decided not to review patients diagnosed with depression as part of their Quality and Outcomes Framework (QOF) achievement. One of the GP partners told us they did not feel the QOF outcome was evidence based and they had made the decision not to undertake this particular QOF indicator for the past 3 QOF years. We reviewed five patient records of patients diagnosed with depression. Of these, four had a recommended review after diagnosis but did not attend and were not followed up. One patient, on a long term anti-depressant medication, had received a telephone review. The practice showed us an action plan to review these arrangements after the inspection.
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months (2016/17). This was comparable to the national average. We noted the practice unverified figures for this indicator during 2017/18 was 77% which was below the previous year's achievement.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average. Exception reporting for this indicator

was 54%. The practice showed us their unverified figures for 2017/18 which demonstrated a drop in exception reporting to 42% although this remained above the 2016/17 local and national averages of 13%.

- The practice considered the physical health needs of some patients with poor mental health and those living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average. We found exception reporting for this indicator was 52% which was above the local average of 11% and national average of 10%. We were shown the unverified practice achievement figures for 2017/18 and the exceptions for this indicator had reduced to 38%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements. For example, following a report of a concern from the local Healthwatch, the practice undertook an audit of patients recently diagnosed with cancer to review if there had been any delays in referral through the two week wait scheme. There were no direct learning actions for the practice to review and they decided to run a monthly audit of new cancer cases for discussion at clinical meetings and to maintain oversight of any potential delays that may occur.

The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had decided to audit their bowel cancer screening uptake rates. (Bowel cancer screening programme forms part of the national screening programme for cancer). The practice was encouraging patients to attend for bowel screening through the patient newsletter and alerts on the practice computer highlighted to GPs and nurses when patients required opportunistic discussion. In February 2018 the practice held a patient group event and facilitated a session on cancer screening.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, we found some staff training had not been completed by all staff.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice had reviewed the learning needs of staff and provided protected time and training to meet them. We viewed a sample of training records across all staff groups and found the GPs and nurses had not been offered up to date fire safety or health and safety training. In addition, GPs and non-clinical staff had not been offered up to date infection control training. The practice had reviewed their staff training requirements in July 2017 and had determined the GPs and nurses were competent in Health and Safety issues and did not require update training. It was also agreed that Fire Safety was not required for GPs and nurses as there were suitably trained non-clinical staff to lead in fire safety concerns if the occurrence arose. Infection control was not included for GPs (who were deemed competent) or non-clinical staff. They were unable to demonstrate they had complied with the Health and Safety Executive standards for statutory training in the workplace. After the inspection, the practice management team held a meeting and reviewed staff training. They decided to offer Fire Safety, Health and Safety and Infection control training to all staff groups.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants (HCA) did not include the requirements of the Care Certificate. There was one HCA employed at the practice who had been in post since August 2016. The practice had decided not to pursue the care certificate as the HCA had attained a level three diploma in primary care practice during previous employment.

Requires improvement

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The dispensary was staffed by two Dispensers who were currently undergoing their dispensary training and competencies. The previous lead Dispenser had provided a handover of the standard operating procedures (SOPs) prior to leaving in February 2018. The medicines dispensed by the Dispensers were checked by a GP prior to being handed out to the patient. We noted that on occasions a member of the administration team would support the Dispensers with some aspects of the SOPs but did not have a formal qualification to do this.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified most patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers. However, there was limited support or follow up offered to patients diagnosed with depression.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as Good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mostly positive about the way staff treated people. We received some negative feedback regarding GP attitude which the practice was aware of.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was aware of the National GP patient survey results published in July 2017. The survey showed that patient satisfaction for some areas of GP care and treatment was below local and national averages.
- They had undertaken their own survey in April 2016 which demonstrated patient satisfaction was higher than the national survey for most areas. They were planning another practice survey with the Patient Participation Group (PPG) for June 2018.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- The practice had ensured staff were aware of the Accessible Information Standard and had written a practice policy in February 2018.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice own patient survey demonstrated the majority of patients were satisfied with their involvement in decisions about their care and treatment. The results were better than the National GP Patient survey but still slightly below the local and national averages. The practice had identified some learning actions and had offered training for GPs in customer care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this. For example, following feedback about GP attitude, the practice had offered additional training. Individual GPs received feedback and identified areas for further learning. The practice ensured compliments were also discussed at practice meetings and named staff praised for positive feedback.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as Good for providing responsive services, except for people experiencing poor mental health (including people with dementia) population group which was rated Requires improvement.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations and extended hours services were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example, large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice did not offer a home medicines delivery service for housebound patients and told us they had no such patients using the dispensary. All patients registering for dispensary services were advised of collection arrangements and told that home delivery was not available.

People with long-term conditions:

- Not all patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Patients unable to attend the practice for a review were offered a home visit.
- Patients with multiple conditions were reviewed at one appointment, where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular multi-disciplinary team meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

The practice was rated requires improvement in this key question for care of People experiencing poor mental health (including people with dementia):

- The practice approach to supporting patients with mental health needs was limited and they had not considered ongoing support options or review of care for those diagnosed with depression.

Good

Are services responsive to people's needs?

- The practice had reviewed their signage within the practice and was looking to become a dementia friendly practice.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Feedback we received on the day of the inspection demonstrated that some patients experienced waiting times and delays. These were not always reported or explained to patients.
- Patients reported that appointments were not always easy to access by telephone.
- The practice guaranteed that all patients who requested an appointment between 8am and 10am were offered one the same day. Feedback we received did not demonstrate this was always the case.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice reviewed their processes for reviewing travel vaccine forms following a complaint from a patient. All the forms were scanned into the patient record and then placed in a file for the nurses to review prior to the appointment so they could determine their stock levels and ensure the patients were receiving appropriate and timely vaccines at the practice.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services well-led?

We rated the practice as Requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver good quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners, although not all staff were aware of them and had not been directly involved.
- Not all staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of good-quality sustainable care.

- Most staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Staff had clear responsibilities and roles and the practice had systems in place to support the governance and management structure. However, the systems were inconsistently applied and managed.

- Governance processes had not identified the gaps in staff training. For example, GPs and non-clinical staff had not received up to date infection control training and GPs and Nurses had not received up to date health and safety or fire safety training. The practice reviewed this arrangement on the day of the inspection and had commenced offering these training modules to relevant staff.
- Patient Group Directions had not been suitably reviewed to ensure they were in date and fit for use.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety, although

there were some discrepancies with some of the documentation. For example, on the day of the inspection we were shown standard operating procedures for the dispensary which had not been signed by all dispensary staff. After the inspection the practice provided us with another document which showed all the necessary staff signatures. We were told this copy had been kept in an office and was not the one available in the dispensary on the day.

Managing risks, issues and performance

There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, these were inconsistently applied.

- The practice had not considered the risks associated with unauthorised access to the dispensary.
- The practice had processes in place to manage current and future performance, although the practice did not always follow set standards for some patient care. For example, the practice GPs had decided not to offer patient reviews for depression in line with the Quality and Outcomes Framework (QOF). We were told they did not feel the standard was in line with best practice or evidence based. They were unaware that the QOF indicators for this group of patients had changed in the past 2 QOF cycles and that the target was in place to review and support patients. The GPs told us they had undertaken some follow up telephone calls for patients diagnosed with depression but these were inconsistent and did not offer oversight of how this group of patients were managed or supported.
- QOF performance was monitored monthly and staff could identify areas where they needed to improve. There was a notice board in the practice meeting room which outlined the QOF current achievement. However, there was no ongoing review of exception reporting and some areas were higher than local and national averages.
- Long term conditions were inconsistently managed and governance arrangements had failed to identify inconsistency in patient recalls and low number of patient medication reviews.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice had some systems to act on appropriate information.

- Quality and operational information was reviewed, although this was inconsistent and did not always ensure and improve performance.
- The practice used information to monitor performance and the delivery of care, although some areas of care had not been fully considered or monitored.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support good-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

Requires improvement

Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** **There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • The provider had not ensured there were suitable arrangements in place for monitoring the expiry date of Patient Group Directions. • Dispensary security and some dispensary processes required a review. For example, there was no near miss log available in the dispensary to identify and support learning from incidents. • The provider had not considered the risks associated with not offering training to all staff in infection control, health & safety and fire safety. • Governance arrangements had failed to identify inconsistency in patient outcomes for long term conditions and medicine reviews. **This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Care and treatment of service users must be appropriate, meet their needs and reflect their preferences.

How the regulation was not being met:

Care and treatment was not being designed with a view to achieving service user preferences or ensuring their needs were met. In particular:

- Patients diagnosed with depression did not receive timely or appropriate follow up and limited support for managing their condition.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.